

EXHIBIT 11

DATE 1-9-07

HB 2

Legislative
Fiscal Division<http://leg.mt.gov/css/fiscal>

Recalculation of Services for 72 Hour Crisis Stabilization

Amount/

Justification Cost Description

\$2,023,770	Total annual appropriation request for 72 hour crisis service
(1,000,000)	Less telemedicine psychiatric costs
1,023,770	Balance to fund crisis stays in community
1,100	Total cost - 72 hour stay
931	Number of 3 day stays
	Number of inappropriate admissions
414	Total COE/emergency detention admissions FY 2006
166	40% of COE/emergency detention admissions
\$841,610	Funding in excess of inappropriate admissions

A review of admission data from the State Hospital indicates that about 40% of the individuals admitted under an emergency or court-ordered detention do not require high-end care after a brief stabilization period. This proposal provides funding for brief stabilization services to be provided in the community with clinical support provided by contractors.

Goal: The goal of this proposal is to provide short-term stabilization close to the individual's home, family, and community supports. This service is intended as an alternative to transportation and stabilization at MSH.

Performance Criteria: The request is for funding to reduce short-term admissions to MSH. Effectiveness will be measured by a comparison of historical practices (admissions) with actual admissions during FY 08 and FY 09.

Milestones: Major milestones will include:

Establish baseline data by county for admissions to MSH for previous 24 month period - Aug 2007

Develop/award RFP for contracted psychiatric consultation by Oct 2007

Allocate available funding for 72-hour presumptive eligibility for uninsured. Allocation will be by Service Area Authority regions to ensure that limited funding is distributed equitably across the state - Oct 2007

FTE: No FTE are requested with this decision package.

Funding: Since the target population to be served will include mostly uninsured individuals, alternative funding sources to general fund do not exist. Medicaid will be utilized where possible.

Obstacles: The following obstacles may be encountered:

Funding expended prior to the end of the fiscal year due to demand

Ability to contract for psychiatric consultation services due to availability of contractor, cost of consultation, or unanticipated requirements

Risk: This proposal offers an alternative response to individuals in crisis. Without the ability to provide community crisis stabilization, communities across the state will continue to divert individuals to more expensive services, either to facilities with psychiatric units or to MSH.

January 8, 2007